

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 02/01/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/03/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	21	1977	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	1977	2658	681
3404902	BLUE RIDGE COMM UNITY	11	639	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	419	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1094	1256	162
		8621	32	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404905	TREND COMM MENT AL HLTH CTR	21	44	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	44	44	0
3404907	RUTHERFORD-POLK	11	40	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	10	DUPLICATE OF CLAIM-SYSTEM	0	50	76	26
3404910	PATHWAYS	11	36	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	15	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	54	58	4
		8517	2	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404912	CATAWBA COUNTVM ENTAL HEALT	8505	78	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	78	139	61
3404913	MECKLENBURG COM ENTAL HEALT	11	2106	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	504	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	105	3349	6099	2750
		143	271	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404916	CROSSROADS BEHA VIORAL HEAL	11	77	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8621	14	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	95	190	95
		21	4	DUPLICATE OF CLAIM-SYSTEM				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM AN SERVICES	11	93	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	109	308	199
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	42	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	83	133	50
		8502	19	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	8349	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	743	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	61	9811	11076	1265
		8599	209	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MR D	8505	22	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	22	22	0
3404921	ORANGE PERSON C HATHAM AREA	8505	704	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	929	1679	750
		5404	41	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404922	THE DURHAM CENT ER	21	1163	DUPLICATE OF CLAIM-SYSTEM				
		120	68	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	1337	2226	889
		8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO RITY	8505	202	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	165	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	581	2092	1511
		8800	103	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404924	PIEDMONT AREA M H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404925	SANDHILLS CENTE R FOR MH/DD	8505	440	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		10	58	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	15	636	1243	607
		8599	52	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	1073	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	893	CLIENT NOT ELIGIBLE ON SERVICE DATE	80	2330	4566	2236
		21	63	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M HC	8505	1308	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	78	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	1454	2788	1332
		8800	53	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	11	35	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	94	241	147
		8505	15	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	14	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8621	5	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	19	349	329
3404931	WAKE CO HUM SVC BILLING OF	11	451	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	198	DUPLICATE OF CLAIM-SYSTEM	16	666	998	332
		8935	16	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	8800	26	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	23	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	61	69	8
		8526	11	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	653	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	55	985	2903	1915
		5308	44	PRIOR AUTHORIZED UNITS EXCEED D				

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3404934	ONslow COUNTY B EHAVIORAL H	8505	173	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8000	96	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	6	517	1111	582
		537	57	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	31	DUPLICATE OF CLAIM-SYSTEM				
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	36	437	401
		120	2	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404937	EDGEcombe NASH MNTL HLTH C	8505	277	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	275	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	647	1363	716
		21	51	DUPLICATE OF CLAIM-SYSTEM				
3404938	HALIFAX COUNTYM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	45	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	1	133	603	470
		8621	14	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404941	FITT CO MH/DD/S AS CENTER	120	297	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	19	508	1844	1336
		191	50	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404942	ROANOKE CHOWANH UMAN SERVIC	11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	31	31	0

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3404943	ALBEMARLE MENTAL HEALTH CE	21	1764	DUPLICATE OF CLAIM-SYSTEM				
		8505	247	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	26	2120	2287	167
		8800	28	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404944	EASTPOINTE HUMAN SERVICES	21	612	DUPLICATE OF CLAIM-SYSTEM				
		8518	108	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	33	983	1980	988
		8517	86	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404946	FOOTHILLS AREA MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404957	TIDELAND MENTAL HEALTH CTR	8505	179	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8931	76	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPFS.	108	367	613	246
		8599	57	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404959	DAVIDSON COMMUNITY MENTAL HEALTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREA MENTAL HEALTH/SA PRO	11	91	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8800	34	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	148	3443	3295
		8505	17	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				